ASSISTED LIVING REGISTRY PROJECT

Consultation Document 1
DISCUSSION PAPER ON A FRAMEWORK FOR ASSISTED LIVING

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BCHealthServices

BACKGROUND

Over the last decade, several alternatives to the traditional nursing home have emerged for seniors and others looking for housing that provides some personal supports. In 1999, the Office for Seniors of the Ministry of Health, and the Housing Policy Branch, now located in the Ministry of Community, Aboriginal and Women's Services, released a report titled Supportive Housing in Supportive Communities. The report defined supportive housing[1] and described "assisted living" as an extension of supportive housing that provides personal care in a housing-type setting. Assisted living is now an important housing option for people who need ongoing assistance with day-to-day tasks, but who can continue to live independently in the community. As such, assisted living is often referred to as an "independent living" option.

In summer 2002, the public was invited to comment on Bill 16, proposed amendments to the *Community Care Facility Act*. During that broad consultation, many individuals and organizations expressed concerns that assisted living residences were essentially unregulated. The consensus was that a regulatory scheme was needed to protect occupants of assisted living residences. It was also generally agreed that while assisted living operators did not require the extensive regulation of the licensed community care sector, occupants should have greater protection than the laws that cover private homes.

Bill 73, the *Community Care and Assisted Living Act,* was passed by the legislature in November 2002 to address this concern. It establishes a mandatory registration process for assisted living residences. The role

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[1] Supportive housing was defined as housing that "combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. It is housing with a combination of support services including at a minimum: A private space with a lockable door; a safe and barrier free environment; monitoring and emergency response; at least one meal a day available; and housekeeping, laundry and recreational opportunities. Nursing and other health-related services are delivered by the local health authority through special arrangements or as they would be to any other individuals living independently in the community."

of the assisted living Registrar, established by the Act, is to ensure assisted living residences provide services to occupants in a manner that will not jeopardize their health or safety. Operating an unregistered assisted living residence is prohibited under the Act.

The focus of the Act is on health and safety. Tenure and service protection needs for occupants and operators are being addressed through a review being conducted by the Housing Policy Branch of the Ministry of Community, Aboriginal and Women's Services.

This document contains information on the registration of assisted living residences for seniors and people with disabilities. Registration information and personal assistance services provided in assisted living residences for people with mental disorders and/or substance use disorders are currently being developed.

WHAT IS ASSISTED LIVING?

"'Assisted living" refers to residences that provide housing and a range of support services, including personalized assistance, for seniors and people with disabilities who can live independently but require regular help with daily activities. The services are designed to promote occupants' dignity and independence and involve family and friends.

Assisted living is intended for people who are capable of directing their daily living routines, with assistance and support. The Act makes an exception where the spouse of an occupant is housed in the assisted living residence with the person and is able to make decisions on their behalf.[2]

Most people who move into an assisted living residence do so because they need daily assistance and, in particular, assistance with personal activities, such as grooming, bathing or taking medications. Assisted living occupants may require an hour or more of these personal assistance services each day.

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[2] The Act also makes an exception for involuntary patients on leave under section 37 of the *Mental Health Act*.

Assisted living provides a nonprofessional staffing environment, with some personal assistance services requiring delegation and supervision by a professional. Occupants are able to summon emergency assistance[3] on a 24-hour basis. Depending on occupants' service needs[4], residences will also offer 24-hour staffing coverage.

Assisted living residences do not provide direct professional nursing care[5]. Since occupants often have chronic but stable health problems, required medical care is provided through scheduled visits from private or publicly-funded[6] community nursing or rehabilitation services. An exception is someone who has a short-term need arising from illness or convalescence. Extra services may also be provided for people awaiting a move to a higher care level. These circumstances are described in a later section, *Entry, Exit and Temporary Care*.

While assisted living is most often seen as a housing option for seniors or people with disabilities, programs for other adults also meet the criteria for assisted living registration. As noted above, this discussion paper speaks to assisted living for seniors or people with disabilities, while noting exceptions for other types of assisted living environments.

BILL 73 DEFINES ASSISTED LIVING

The *Community Care and Assisted Living Act* defines an assisted living residence as a premises, or part of a premises, where housing, hospitality services and **one or two prescribed services** are provided by or through an operator to three or more unrelated adults. The one or two prescribed services pertain to the residence as a whole and are selected by the operator when they register their residence.

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[3] Emergency assistance consists of a monitoring system appropriate to occupants' needs. The expectation is to provide a response by staff who are onsite or in close proximity and able to quickly attend to a summons.

[4] While many residences will provide 24-hour staffing coverage, some will cater to individuals whose personal assistance needs can safely be met on a scheduled service basis.

[5] The Act does not restrict an operator from providing nursing care to up to two occupants in an assisted living residence.

[6] Services may be provided depending on whether an individual's circumstances meet the policy requirements of the Ministry of Health Services home and community care program.

A. Housing Services

While hospitality and prescribed services are defined in the Act and regulations, housing is not. This is in recognition of the fact assisted living residences may serve different groups, including seniors, people with disabilities or people with mental disorders and/or substance abuse disorders. Because of this, the building design requirements vary, depending on the target population. The following descriptions are offered to aid the reader in understanding the general intent of housing within assisted living.

Housing Services	
The Act is silent on what housing may include	• Accommodation ranging from a private, lockable room to self-contained suites with bedroom, living room, kitchenette and full bathroom. • Common dining and recreational space. • May include amenities such as a hairdresser or tuck shop.

B. Hospitality Services

The Act requires an operator to provide five hospitality services: Meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system. These hospitality services are not described in the Act. The following descriptions are offered to aid the reader in understanding the general intent of hospitality services within assisted living.

Hospitality Services	
Meal services	• Meals are served in a communal dining room and a social atmosphere. • Simple modified diets will be arranged when requested, e.g., low salt, sugar, fat. • Some operators may choose to meet occupants' requests for more complex special diets and for culturally preferred diets.
Housekeeping services and laundry services	• Basic services or facilities are provided by the operator.

Hospitality Services continued	
Social and recreational opportunities	• Group activities are available that offer leisure pursuits, social interaction, community involvement and life enrichment. • Transportation may be included.
24-hour emergency response system	• A system is provided for occupants to summon emergency assistance 24 hours a day. • The respondent follows procedures to promptly evaluate the need and determine an appropriate response, e.g., summon an ambulance in the event of an emergency.

C. Personal Assistance Services

The Act requires an operator to provide one but not more than two prescribed services. The "prescribed services" will be defined by regulation. Seven personal assistance service areas have been identified to date and are set out in the following table. Within each service area, the personal assistance may be provided at either a less intensive *support* level or a more intensive *prescribed service* level.

Personal Assistance Services	
Activities of daily living	• Includes standard practice tasks[7] e.g., assistance with bathing, grooming, using the toilet, mobility. • Includes tasks[8] delegated from a professional health care worker[9] to the operator staff.

[7] Standard practice tasks identified in the Ministry of Health Services *Personal Assistance Guidelines (1997)*, summarized in Appendix A of the *Discussion Paper on Health and Safety Standards.*

[8] Delegated tasks identified in the Ministry of Health Services *Personal Assistance Guidelines (1997)*, summarized in Appendix A of the *Discussion Paper on Health*

Personal Assistance Services continued	
Medication administration and monitoring	• Includes reminders, monitoring whether medication has been taken[10], assistance to take medication and securing medication in an occupant's room if the person is not able to ensure safe handling.
Central storage and distribution of medications	• Includes safekeeping and storage of medications in a central area of the residence and making medications available to occupants at indicated times.
Maintenance or management of cash resources or property	• May involve assistance with purchases, paying bills or maintaining funds, with reporting to the individual or a designate.
Monitoring of food intake or therapeutic diets	• Includes support to maintain nutritional status and healthy eating through provision of requested modified diets and voluntary programs to periodically monitor weight.
Structured behavioural program	• Includes therapeutic programs developed and supervised by a professional for the purpose of changing behaviour.

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and Safety Standards. Examples of tasks are: Assistance with foot care, bowel care, ostomy care, ventilation equipment, activation, chest therapy.

[9] A registered nurse or an occupational therapist or physiotherapist, depending on the task being delegated. The professional provides assessment, education/training, oversight and ongoing monitoring.

[10] A delegated task identified in the Ministry of Health Services *Personal Assistance Guidelines (1997)*, summarized in Appendix A of the *Discussion Paper on Health and Safety Standards.*

Personal Assistance Services continued	
Psychosocial rehabilitation	• Provides opportunities for people with mental disorders and/or substance use disorders, head injury or physical disability to achieve personal goals for improved functioning.
Or Intensive physical rehabilitation	• Provides a therapeutic program planned and supervised by a rehabilitation therapist for the purposes of improving physical functioning.

Appendix A sets out, in a matrix, an example of the personal assistance services provided at the two levels of intensity – support and prescribed services – in an assisted living residence serving seniors and people with disabilities.

Staff providing the above services are appropriately trained for the work being performed. Professional supervision is provided for tasks delegated by a professional to be done by a nonprofessional. Please see the *Discussion Paper on Health and Safety Standards* for further information on staffing and service requirements in assisted living.

ASSISTED LIVING: CENTRED ON THE INDIVIDUAL AND INDEPENDENCE

Assisted living enables people to continue to live in the community. The delivery of personal assistance is geared to the occupant, allowing them to maintain or regain their independence.

Individual preferences, needs and values guide service delivery decisions. This respect for occupants' self-determination includes their right to make informed decisions about living at risk. Capable adults have the right to take personal risks in their lifestyle and living environment.

Occupants in assisted living are considered to be living in their own homes, with services designed to fit their requirements. The assisted living operator involves each occupant in an assessment of their needs and preferences and, based on this information, develops a *personal services plan*[11] for approval by the occupant. This plan becomes the guideline for service delivery by staff.

ENTRY, EXIT AND TEMPORARY CARE

It is the Registrar's duty to ensure the health and safety of occupants of assisted living residences.

From a health and safety perspective, people entering assisted living:

- must be able to make informed decisions regarding their daily activities and personal assistance services in assisted living.
- must be able to communicate so as to be understood by personal assistance staff or by a spouse living with them who can communicate with staff on their behalf.
- cannot, through their behaviours, jeopardize the safety or well-being of others.
- must be able to use an emergency response system and be able to take direction in an emergency situation. [12]

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[11] The *personal services plan* is an agreement between the occupant and the operator and will include: The nature of the occupant's needs and service requests, the risks the occupant is facing and a plan for the delivery of services.

[12] Occupants of assisted living must be able to self-preserve in an emergency (evacuate or move to a safe zone in the building). Where assistance is required to self-preserve, this requirement is discussed with the operator to ensure the building safety features and/or staffing levels will ensure occupant safety.

People who need ongoing professional nursing care are no longer suitable for assisted living. **Someone who has a short-term need for more service arising from illness or convalescence may remain in their assisted living residence and receive extra assistance.**

Extra assistance may be negotiated with the operator and may include limited short-term professional care (nursing or rehabilitation services). Additional services may also be provided for people awaiting a move to a higher level of care. Depending on whether an individual's circumstances meet the policy requirements of the Ministry of Health Services home and community care program, the health authority may assist with extra care.

From a health and safety perspective, occupants may be considered no longer suitable for an assisted living setting when they:

- are unable to make informed decisions regarding their daily activities and personal assistance services in assisted living.
- are unable to respond to emergency situations.
- require continuous nursing assessment and services.
- exhibit behaviours that jeopardize the well-being of other occupants or staff.

When an occupant must leave an assisted living setting, the operator will develop an exit plan in conjunction with the occupant and their family, physician and support network. The exit plan will define the management of any risks the occupant may face in remaining in the assisted living residence for the time being and facilitate the transfer to other housing or care options.

Section 26 (3) of the Act provides that an operator must not house people who are unable to make decisions on their own behalf. This broad provision must be carefully interpreted. Within the context of the Act, the provision is interpreted to mean that occupants must be able to make informed decisions about their health care and daily living activities within an assisted living setting.

Consistent with the Act, an operator must ensure prospective occupants are making an informed voluntary decision to enter an assisted living residence. If an operator observes a decline in an occupant's decision making ability, the occupant's family, physician and support network should be advised.

Exit planning must be initiated if the decline in decision making ability is of a repetitive and/or continuous nature.

Where a complaint in relation to section 26 (3) is received, the Registrar may initiate a health and safety review. Reviews will take into account the occupant's overall health and safety, including cognitive ability.

ASSISTED LIVING: OVERSIGHT

Protections
Assisted living occupants will benefit from a number of consumer protection initiatives.

- The assisted living Registrar's office will address health and safety issues.
- The Ministry of Community, Aboriginal and Women's Services is reviewing options for other issues, including tenancy rights and responsibilities and service provision.

Complaints made by an occupant or any other person with a concern regarding health and safety standards may be made to the Registar's office for investigation. In most cases, the complaint will have first been brought to the operator's attention and the operator will have attempted to resolve the matter. Please see the *Discussion Paper on Complaint Resolution Process* for further information on this topic.

Fundamental Principles
The Registrar's office will:

- protect the health and safety of occupants, while preserving autonomy and choice;
- ensure meaningful stakeholder participation in the definition of the standards;
- specify that policies and practices by which care is delivered are respectful of occupant needs, preferences and values;
- ensure investigation and inspection mechanisms are effective and do not intrude unnecessarily; and
- ensure regulatory requirements are regularly evaluated.

Development of the assisted living regulatory system is based on the understanding that the assisted living industry is committed to ensuring occupants' health and safety needs are met and providing appropriate supports for daily living that allow people to be as independent as possible.

The following table sets out how this view and other guiding principles are influencing the design of the registration process for assisted living residences.

Assisted Living Registration System Development: Guiding Principles and Design Features

Guiding Principles	Registration Process Design Features
Operation of a residence will not jeopardize the health and safety of occupants	• Basic health and safety standards are established in regulation and enforced by the Registrar. • The standards will not replicate the health and safety requirements established and enforced by other agencies. • Suitable "entry/exit" policies are in place in residences and are communicated in writing to prospective occupants. • The industry provides industry education and peer review.

Assisted Living Registration System Development:
Guiding Principles and Design Features continued

Guiding Principles	Registration Process Design Features
Consumers' perspectives are valued and will influence the design and operation of the registration system	• Consumer representatives participate on advisory bodies[13] and advise on the operation of the registration system, including standards development. • Consumer and operator satisfaction with the performance of the Registrar's office is measured.
Industry will partner in establishment and maintenance of basic health and safety standards and will lead the development of best practices	• Standards emphasize an outcome-based approach. • Industry participates in the complaint resolution process. • Industry provides industry education and the identification/adoption of best practice.
Investigation and inspection mechanisms will not intrude unnecessarily upon the operation of an assisted living residence or its occupants	• Standards enforcement is triggered through a complaint that an occupant's health or safety is at risk. • Operators give priority to, and focus on, the local resolution of complaints. • The least intrusive initial intervention appropriate to the circumstances will seek a voluntary resolution to an issue or a complaint. • Operators will be assisted to improve performance through peer-delivered education and best practices support as appropriate. • The Registrar will intervene where a complaint is not readily resolved.

[13] Advisory bodies are ad hoc or standing groups or committees formed by the Registrar to advise on topics pertaining to assisted living.

Assisted Living Registration System Development:
Guiding Principles and Design Features continued

Guiding Principles	Registration Process Design Features
The registration system will be accountable to the public	• The Registrar is accountable to the Minister of State for Intermediate, Long Term and Home Care and reports annually to the Minister. • Advisory bodies have broad stakeholder representation. • Basic health and safety standards are outcome based to the extent possible and are measurable.
Public education will enable informed consumer choice and decisions	• In consultation with advisory bodies, and in conjunction with the efforts of operators of assisted living residences, the Registrar will undertake public education.

STANDARDS ENFORCEMENT

When an assisted living residence is registered, the operator of the residence agrees to deliver services in accordance with the assisted living health and safety standards. Compliance with standards is assured through a complaint resolution process established by the assisted living Registrar. An occupant, or any other person with a concern, may make a complaint. Please see the *Discussion Paper on Complaint Resolution Process* for further information on this topic. In response to a complaint investigation, the Registrar may apply conditions or, in serious cases, suspend or cancel a registration. Operating an unregistered residence is prohibited under the Act. Unregistered residences will be given the option of ceasing to provide prescribed services or applying for registration. Unregistered residences that continue to provide these services may be subject to fines.

Reconsideration of registration decisions

The Act requires the Registrar to notify applicants or registrants of the intention to deny an application, apply conditions or suspend/cancel a registration. This notice period enables the applicant or registrant to provide reasons why the Registrar should modify the decision. The Registrar will reconsider the decision based on these reasons. The final decision will be conveyed to the applicant or registrant in writing. If the final decision is to deny an application, apply conditions or cancel or suspend a registration, the Registrar will provide contact information for the community care and assisted living appeal board and indicate the timeframe for submitting an appeal.

Appeal procedures

Under the Act, the community care facility appeal board will be continued as the community care and assisted living appeal board. The applicant or registrant may appeal the Registrar's "reconsideration" decision by contacting the appeal board within 30 days of the decision. The appeal board will advise the applicant or registrant of the appeal process and any additional documentation required for the board to consider the appeal. The appeal will be heard by a panel of up to three members.

Matters outside the Registrar's scope

The assisted living Registrar is responsible for maintaining a registry of assisted living residences, developing health and safety standards and resolving health and safety concerns across all publicly- and privately-funded residences in the province. The Registrar does not regulate the cost of the housing or services provided by the operator in assisted living residences. These matters, stipulated in the occupancy agreement with the residence operator, and other tenancy issues are outside the Registrar's scope of responsibility. Tenure and service protection issues are being reviewed by the Housing Policy Branch of the Ministry of Community, Aboriginal and Women's Services. The assisted living Registrar also does not determine the availability of assisted living residences in a community or the range of services offered by a particular assisted living residence. Questions about access to publicly-funded residences can be directed to the local health authority.

Appendix A

Example of Personal Assistance Services Provided in an Assisted Living Residence for Seniors and People with Disabilities

Introduction

To be registered as assisted living, a residence must provide occupants with at least one, but no more than two, service areas described in the prescribed services column (see the prescribed services column on the next page for a description). Assisted living staff may perform any of the activities in the support services column without the operator registering the service area as a prescribed service (see support services column on next page).

In the following example, the operator is providing support services in five service areas and two prescribed service areas – activities of daily living and medication administration and monitoring. To depict this, five of the support boxes, as well as two of the prescribed service boxes, are highlighted in grey.

Typically, a residence serving seniors or people with disabilities will not provide services in the structured behavioural program or psychosocial rehabilitation services areas. Assisted living residences for people with mental disorders and/or substance abuse disorders would specialize in these areas and provide support level services in other areas.

Service Area	Support Services	Prescribed Services
Activities of daily living	Operator staff may provide: • Cueing, reminders, prompts and redirection for daily activities/tasks. • Tactful reminders for individuals with short-term memory loss about to repeat an activity, e.g., have a second meal or wash their hair again. • Group programs to encourage and maintain socialization and awareness of current events in residence and community.	Operator staff may provide daily to weekly assistance on a regular and continuous basis: • Rising and retiring routines, such as washing/bathing, dressing, grooming and oral hygiene. • Assistance to use the toilet. • Mobility assistance. • Tasks delegated from a professional[1], e.g., foot care, ostomy care, exercise activation.

[1] Tasks delegated from a professional, to be done in accordance with the Ministry of Health Services *Personal Assistance Guidelines*.

Service Area	Support Services	Prescribed Services
Medication administration and monitoring	• Operator self-administers medications. • Operator staff may give medication reminders. • Staff may physically assist occupants who are fully able to self-direct the taking of their medications, e.g. open container and put pills in occupant's hand when instructed by the occupant.	• Operator staff may check if medications are taken at indicated times, record the taking (or not) of medication and, if necessary, provide follow up for missed medication.[1] • Operator staff may monitor/report effects of medication on occupant. [1] • Operator staff may, by exception, secure an occupant's medication in their room if the occupant is not able to ensure safe handling – staff may provide medication to the occupant on request, at indicated times, or follow up if the occupant forgets to ask. • If occupant is unable, staff may determine correct medications for a given time, given to occupant and chart medications by person, dose and time. [1] • Occupants may individually designate a staff person(s) to receive their medication from a pharmacy and/or initiate refills.

Service Area	Support Services	Prescribed Services
Central storage and distribution of medications	• Medication is stored in occupant's room. • Provision of medications is from a pharmacy of occupant's choice, delivered to the occupant.	Medications are managed as follows for those occupants receiving this service: • Provision of medications is from a pharmacy of occupant's choice, however, occupants may voluntarily agree to use a pharmacy suggested by the operator. • Medications are delivered to the residence and stored, by the operator, in a secure location within the residence, not in occupants' rooms. • Staff distribute medications to occupants at indicated times. • Staff may initiate refills and communicate with the occupant's pharmacist (requires a consent due to B.C. College of Pharmacists' confidentiality requirements).

Service Area	Support Services	Prescribed Services
Maintenance or management of cash resources or property	• Operator may arrange ongoing in-house visits by a bank. • Occupant may charge the cost of services on account, receive and pay a statement. • Occupant may request operator to make a purchase or to pay bills and reimburse the operator. • Operator may maintain comfort funds for occupants who are *able* to account for their own finances.	• Operator may maintain comfort funds for occupants who are *unable* to manage and account for their own finances.

Service Area	Support Services	Prescribed Services
Monitoring of food intake/ therapeutic diets	• Operator may modify meals in accordance with diets requested by occupants and as recommended and monitored by the occupant's dietician or physician. • Operator may provide a voluntary program for occupants to weigh-in or may weigh an occupant upon their request. • Operator may monitor food consumption for purposes of satisfaction and quality control. • Operator may observe changes in an occupant's eating habits and bring changes of concern to their or others' attention.	• Food/fluid intake may be monitored/ measured/recorded by the operator. • Operator staff may determine and chart occupants' weight on a regular and/or compulsory basis. • Operator may provide or arrange expertise to assess an occupant's nutritional status, and implement a nutritional care plan/therapeutic diet. • Operator may provide or arrange expertise to monitor the appropriateness of an occupant's special or therapeutic diet and modifies the meal plan where indicated.
Structured behavioural program	• Given the requirement for a professional component in this service, no support level services are contemplated in assisted living.	• Staff interact individually with occupants in a manner designed to modify, change or reinforce behavior. • *Note*: The application of a structured behavior program for seniors has not been identified for assisted living at this time.

Service Area	Support Services	Prescribed Services
Psychosocial rehabilitation	• Occupant is responsible for self and decides own actions and daily direction; operator staff may provide suggestions and opportunities. • Staff may observe occupant and bring changes of concern to their or others' attention.	• Operator staff carry out a service plan developed by the occupant and a professional case manager to improve the occupant's capability for independence in one or more of the following areas: Personal life, leisure, education and work. • Staff provide nonprofessional direct services which may include counselling, teaching, motivating and assisting. • Staff monitor changes, discuss with the occupant and record and report to the case manager.
Or Intensive physical rehabilitation	• Given the requirement for a professional component in this service, no support level services are contemplated in assisted living.	• Operator staff provide individualized services that are planned and supervised by a physical rehabilitation therapist as a principle service to an occupant. • *Note:* Applications of intensive physical rehabilitation services for seniors have not been identified for assisted living at this time.